

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>147</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>46</u>
Town of <u>Globe</u>			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>David Alvarez</u>			
If child is not yet named, make supplemental report, as directed			
3. Sex of child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. No., in order of birth _____
6. Legitimate? <u>yes</u>		7. Date of birth <u>1-19-23</u>	(Month, day, year)
8. Full name of FATHER <u>Francisco Alvarez</u>		14. Full maiden name of MOTHER <u>Josephine Hernandez</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) <u>Globe, Arizona</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>35</u>	16. Color or race <u>Mex</u>	17. Age at last birthday <u>30</u>
	(Years)		(Years)
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Quincy</u>	
(State or country)		(State or country)	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 P.m.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>C. W. Adams</u>		(Physician or midwife)	
Address <u>Globe, Ariz.</u>			
Given name added from a supplemental report _____			
(Month, day, year)			
Registrar. <u>419-119-189</u>		Filed <u>July 1, 1923</u> <u>B. S. Gray</u>	
		Local Registrar.	
		County Registrar.	